## (Local Agency Name, Address and phone number)

This institution is an equal oppo	
CSFP Staff Signature	Date
If you disagree with this decision, you have the right to a fair hearing to appeal this decision. Contact the CSFP coordinator for fair hearing procedures. Program standards are applied without discrimination by race, color, national origin, age, sex, or disability.	
If you are ineligible because of income, you may reapply anytime feel you may be eligible. If you are terminated for missing two co pick-ups, you may be taken off the program for up to 60 days.	
	to
	Period of Disqualification:
Other	Effective Date:
Child reached age 6 years old Under 60 years of age	We are currently at maximum caseload
postpartum	pickups/appointments
Non-breastfeeding mother reached 12-month	Missed two food
Breastfeeding mother reached 12-month postpartum Over standard income guidelines	Abuse of program Terminated upon request
Does not live in program area	DISQUALIFICATION/TERMINATION
REASON FOR INELIGIBILITY	REASON FOR DISCONTINUANCE/
INELIGIBILITY OR DISQUALIFICATION/TERMINATION/DISCONTINUANCE NOTIFICATION  Our records show that you are presently ineligible for CSFP or are being terminated for the following reasons:	
, you will be terminated from the program.	DISCONTINUIANOS NOTISIOATION
☐ Our records show you missed food pickup in	If you fail to pick up food in _
MISSED FOOD PICK-UP NOTIFICATION	
You may come in on to be date or contact this office you will be terminated from the	ne program.
Our records show you missed your certification appoint	
MISSED CERTIFICATION NOTIFICATION	
office on	
Complete the enclosed forms and bring them and the a	
Please be informed it is time to re-determine your eligible.	oi thru bility for CSFP, which will expire on
□ We are able to serve you on CSFP. Please come in (da food. You are certified for CSFP benefits for the period	ate, time) to pick up
CERTIFICATION/RECERTIFICATION APPOINTMENT NO	
has been placed on the waiting list effective	
WAITING LIST NOTIFICATION  ☐ We are at maximum caseload and are unable to provide	de benefits to vou at this time. Your name
WAITING LIST NOTIFICATION	
Applicant/Participant:	
Responsible Party:	Date
Responsible Party:	Date

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